

PARTICIPANT DATA SHEET FOR LICENSEES/ASSIGNEES

Please sign and return this completed form to Sandia.

Name of Licensee/Assignee: _____

Address: _____

City, State, Zip: _____

State of Incorporation: _____

2. Is the Licensee/Assignee foreign owned or controlled? YES ☐ NO ☐

(If yes, please provide details as an attachment to this form.)

3. Is the Licensee/Assignee (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> a. A large business? | <input type="checkbox"/> g. A state/local government agency? |
| <input type="checkbox"/> b. A small business as defined in 15USC632? | <input type="checkbox"/> h. A U.S. Federal Government agency? |
| <input type="checkbox"/> c. A woman-owned business? | <input type="checkbox"/> i. Government-owned contractor operated? |
| <input type="checkbox"/> d. A university/educational institution? | <input type="checkbox"/> j. A government contractor? |
| <input type="checkbox"/> e. A medical/healthcare facility? | <input type="checkbox"/> k. An international/foreign-owned business? |
| <input type="checkbox"/> f. A disadvantaged/minority-owned business? | <input type="checkbox"/> l. An AT&T company? |
| Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian: <input type="checkbox"/> | <input type="checkbox"/> m. A division of LOCKHEED MARTIN? |
| Afro-American <input type="checkbox"/> Other: _____ | <input type="checkbox"/> n. A consortium, partnership, or joint venture? |

If (n) is checked, is the Participant/Licensee authorized to bind all the members of the consortium, partnership, or joint venture to the terms and conditions in the proposed agreement? YES ☐ NO ☐

4. Are any of the principals of the Licensee/Assignee:

- a. Current ☐ or former * ☐ Sandia employees?
- b. Current ☐ or former * ☐ Sandia consultants or contractors?
- c. Current ☐ or former * ☐ AT&T employees?
- d. Current ☐ or former * ☐ LOCKHEED MARTIN employees?
- e. Current ☐ or former * ☐ DOE employees?

* For question 4 only, do not indicate "former" relationship unless it existed within the last two years. Name the individual(s) and associations, if any, on an attachment.

5. Is the facility the Licensee/Assignee intends to use for the proposed agreement on the Environmental Protection Agency List of Violating Facilities? YES ☐ NO ☐

6. Is the Licensee/Assignee a debarred, suspended, or ineligible contractor as defined in the Federal Acquisition Regulation Support 9.4? YES ☐ NO ☐

I hereby represent that the above information may be relied upon for purposes of entering into the proposed agreement.

Name: _____ Phone: _____

Signature: _____ Fax: _____

Title: _____ Date: _____